

POSITION	INITIALS	ID NO.	DATE
	<i>XS</i>		<i>02/29/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CM</i>	<i>71632</i>	<i>3/28/00</i>
RESPONSE FORMALITY REVIEW	<i>CM</i>	<i>71632</i>	<i>6/8/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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